#### FEC FORM 2

#### STATEMENT OF CANDIDACY

| 1     |   |                           |                |  |  |                               |
|-------|---|---------------------------|----------------|--|--|-------------------------------|
| ٠.    | (a) Name of Candidate (in full)   |                           |                |  |  |                               |
|       | Barrett, Thomas, More, ,  |                           | - dalue '      | and d  | 0 Condidate 5 550 !                                  | doublification Number         |
|       | (b) Address (number and street)<br>PO Box 15221   | ☐ Check if a              | address cha    | angea  | 2. Candidate's FEC Id<br>H2MI07123                   | dentification Number          |
|       | (c) City, State, and ZIP Code   |                           |                |  |  | New Amended                   |
|       | Lansing   |                           | MI             | 48901  |  | (N) OR (A)                    |
| 4.    | Party Affiliation   | 5. Office Sought          |                |  | strict of Candidate                                  |                               |
|       | REPUBLICAN PARTY  | House                     |                | MI   | 07   |                               |
|       | DE  | SIGNATION OF              | PRINCI         | PAL CAMPAIG                                  | N COMMITTEE  |                               |
| 7.    | I hereby designate the following nar  | ned political committee   | as my Prir     | icipal Campaign Cor                          | nmittee for the 2024 (year of el                     | election(s).                  |
|       | NOTE: This designation should be f  | iled with the appropriat  | te office list | ed in the instructions                       |  |                               |
|       | (a) Name of Committee (in full)  TOM BARRETT FO   | R CONGRESS                | 3              |  |  |                               |
|       | (b) Address (number and street)<br>PO BOX 15221   |                           |                |  |  |                               |
|       | (c) City, State, and ZIP Code   |                           |                |  |  |                               |
|       | LANSING   |                           |                | MI   | 48901  |                               |
|       | DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  |                           |                |  |  |                               |
|       |   |                           |                |  |  | ava and funda an babalf of my |
| 8.    | I hereby authorize the following nan candidacy.   | ned committee, which i    | S NOT MY F     | orincipal campaign c                         | ommittee, to receive and (                           | expend lunds on benail of my  |
| 8.    |   |                           |                | , , ,  | ommittee, to receive and o                           | expend lunds on behall of my  |
| 8.    | candidacy.  |                           |                | , , ,  | ommittee, to receive and o                           | expend funds on behalf of my  |
| 8.    | candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)   | iled with the principal c |                | , , ,  | ommittee, to receive and o                           | expend funds on behalf of my  |
| 8.    | candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  TEAM VALOR  (b) Address (number and street)  | iled with the principal c |                | , , ,  | ommittee, to receive and o                           | expend funds on behalf of my  |
| 8.    | candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  TEAM VALOR  (b) Address (number and street) 824 S MILLEDGE AVE STE 1   | iled with the principal c |                | , , ,  | 30605  | experia runas on benair or my |
| 8.    | candidacy.  NOTE: This designation should be formula to the following of the following committee (in full)  TEAM VALOR  (b) Address (number and street) 824 S MILLEDGE AVE STE 10  (c) City, State, and ZIP Code ATHENS   | iled with the principal c | ampaign co     | ommittee.                                    |  |                               |
|       | candidacy.  NOTE: This designation should be formula to the following of the following committee (in full)  TEAM VALOR  (b) Address (number and street) 824 S MILLEDGE AVE STE 10  (c) City, State, and ZIP Code ATHENS   | iled with the principal c | ampaign co     | ommittee.                                    | 30605  |                               |
| Si    | candidacy.  NOTE: This designation should be formula of the following committee (in full)  TEAM VALOR  (b) Address (number and street) 824 S MILLEDGE AVE STE 10  (c) City, State, and ZIP Code ATHENS  | iled with the principal c | ampaign co     | ommittee.                                    | 30605  and belief it is true, corre                  |                               |
| Si Ba | candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  TEAM VALOR  (b) Address (number and street) 824 S MILLEDGE AVE STE 1  (c) City, State, and ZIP Code ATHENS  I certify that I have example of Candidate   | iled with the principal c | ampaign co     | GA est of my knowledge [Electronically Filed | 30605  and belief it is true, corre  Date 07/07/2023 | oct and complete.             |
| Si Ba | candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  TEAM VALOR  (b) Address (number and street) 824 S MILLEDGE AVE STE 10  (c) City, State, and ZIP Code ATHENS  I certify that I have example and the committee of Candidate carrett, Thomas, More, | iled with the principal c | ampaign co     | GA est of my knowledge [Electronically Filed | 30605  and belief it is true, corre  Date 07/07/2023 | oct and complete.             |

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

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## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee. |  |       |  |  |  |
|----|--|--|-------|--|--|--|
|    | (a) Name of Committee (in full)  |  |       |  |  |  |
|    | Take Back the House 2022   |  |       |  |  |  |
|    | (b) Address (number and street) PO BOX 30844   |  |       |  |  |  |
|    | (c) City, State, and ZIP Code  |  |       |  |  |  |
|    | Bethesda   | MD   | 20824 |  |  |  |
| 8. |  | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee. |       |  |  |  |
|    | (a) Name of Committee (in full)  BARRETT BRIGADE VICTORY FUND  |  |       |  |  |  |
|    | (b) Address (number and street) PO BOX 15221   |  |       |  |  |  |
|    | (c) City, State, and ZIP Code LANSING  | MI   | 48901 |  |  |  |
| 8. | I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campa (a) Name of Committee (in full)  Barrett for MI-07                                    |  |       |  |  |  |
|    | (b) Address (number and street)<br>PO BOX 30844  |  |       |  |  |  |
|    | (c) City, State, and ZIP Code  |  |       |  |  |  |
|    | BETHESDA   | MD   | 20824 |  |  |  |
| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee. |  |       |  |  |  |
|    | (a) Name of Committee (in full)  |  |       |  |  |  |
|    | Take Back the House 2022   |  |       |  |  |  |
|    | (b) Address (number and street)<br>PO BOX 30844  |  |       |  |  |  |
|    | (c) City, State, and ZIP Code  |  |       |  |  |  |
|    | Bethesda   | MD   | 20824 |  |  |  |

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES** 

|    | (Including Joint F   | undraising Represen   | atives)                                   |              |  |  |
|----|--|-----------------------|---|--------------|--|--|
| 3. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee. |                       |   |              |  |  |
|    | (a) Name of Committee (in full)  |                       |   |              |  |  |
|    | BARRETT BRIGADE VICTORY FUND   |                       |   |              |  |  |
|    | (b) Address (number and street) PO BOX 15221   |                       |   |              |  |  |
|    | (c) City, State, and ZIP Code  |                       |   |              |  |  |
|    | LANSING  | MI                    | 48901                                     |              |  |  |
|    |  |                       |   |              |  |  |
| 3. | I hereby authorize the following named committee, which is NOT m candidacy. <b>NOTE</b> : This designation should be filed with the princip  |                       | •   | behalf of my |  |  |
|    | (a) Name of Committee (in full)  |                       |   |              |  |  |
|    | NRCC MICHIGAN VICTORY  |                       |   |              |  |  |
|    | (b) Address (number and street)<br>320 1ST STREET, SE  |                       |   |              |  |  |
|    | (c) City, State, and ZIP Code  |                       |   |              |  |  |
|    | WASHINGTON   | DC                    | 20003                                     |              |  |  |
|    |  |                       |   |              |  |  |
|    |  |                       |   |              |  |  |
| 3. | I hereby authorize the following named committee, which is NOT m candidacy. <b>NOTE</b> : This designation should be filed with the princip  |                       |   | behalf of my |  |  |
|    |  | ai campaign committe  | е.  |              |  |  |
|    | (a) Name of Committee (in full)  |                       |   |              |  |  |
|    | Barrett-Gibbs Victory Committee  |                       |   |              |  |  |
|    | (b) Address (number and street)<br>1060 Powers Place   |                       |   |              |  |  |
|    | 1000 Fowers Flace  |                       |   |              |  |  |
|    | (c) City, State, and ZIP Code  |                       |   |              |  |  |
|    | Alpharetta   | GA                    | 30009                                     |              |  |  |
|    |  |                       |   |              |  |  |
| 3. | I hereby authorize the following named committee, which is NOT m   | ny principal campaign | committee, to receive and expend funds on | behalf of my |  |  |
|    | candidacy. NOTE: This designation should be filed with the principal campaign committee.   |                       |   |              |  |  |
|    | (a) Name of Committee (in full)  |                       |   |              |  |  |
|    | Take Back the House 2022   |                       |   |              |  |  |
|    | (b) Address (number and street)<br>PO BOX 30844  |                       |   |              |  |  |
|    | 1 0 000 30044  |                       |   |              |  |  |
|    | (c) City, State, and ZIP Code  |                       |   |              |  |  |
|    | Bethesda   | MD                    | 20824                                     |              |  |  |

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

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## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.                                  |   |       |  |  |  |
|----|---|---|-------|--|--|--|
|    | (a) Name of Committee (in full) BARRETT BRIGADE VICTORY FUND  |   |       |  |  |  |
|    |   |   |       |  |  |  |
|    | (c) City, State, and ZIP Code   |   |       |  |  |  |
|    | LANSING   | MI  | 48901 |  |  |  |
| 8. | I hereby authorize the following named committee, which is NOT my princicandidacy. <b>NOTE</b> : This designation should be filed with the principal camp   | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my |       |  |  |  |
|    |   | Jaigir commi  | mucc. |  |  |  |
|    | (a) Name of Committee (in full)  NRCC MICHIGAN VICTORY  |   |       |  |  |  |
|    | (Is) Address (south as and store)   |   |       |  |  |  |
|    | (b) Address (number and street)<br>320 1ST STREET, SE   |   |       |  |  |  |
|    | (c) City, State, and ZIP Code   |   |       |  |  |  |
|    | WASHINGTON  | DC  | 20003 |  |  |  |
|    |   |   |       |  |  |  |
| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full) |   |       |  |  |  |
|    | Barrett-Gibbs Victory Committee   |   |       |  |  |  |
|    | (b) Address (number and street)<br>1060 Powers Place  |   |       |  |  |  |
|    | (c) City, State, and ZIP Code   |   |       |  |  |  |
|    | Alpharetta  | GA  | 30009 |  |  |  |
| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full) |   |       |  |  |  |
|    |   |   |       |  |  |  |
|    | (b) Address (number and street)   |   |       |  |  |  |
|    | (c) City, State, and ZIP Code   |   |       |  |  |  |